

CLAIMS ONLY

SERIAL NO.

10007360

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2	O					
3						
4		O				
5	I					
6	I					
7	I					
8	I					
9	I					
10	I					
11	I					
12	I					
13	I					
14	I					
15	I					
16	I					
17	I					
18	O					
19						
20						
21	I					
22	I					
23	O					
24						
25	I					
26	I	I				
27	I					
28	I					
29	O					
30	I					
31	O					
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45	O					
46	I					
47	I					
48	I					
49	I					
50	I					
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

	#		#		#	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	I					
52	I					
53	I					
54	I					
55	I					
56	I					
57	I					
58	I					
59	I					
60	I					
61	I					
62	I					
63	I					
64	I					
65	I					
66	I					
67	I					
68	I					
69	I					
70	I					
71	I					
72	I					
73	I					
74	I					
75	I					
76	I					
77	I					
78	I					
79	I					
80	I					
81	I					
82	I					
83	I					
84	I					
85	I					
86	I					
87	I					
88	O					
89	O					
90	O					
91						
92	I					
93	I					
94	I					
95	I					
96	I					
97	I					
98	I					
99	I					
100	I					
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2	I					
3	I					
4	I					
5	I					
6	I					
7	I					
8	I					
9	I					
10	I					
11	I					
12	I					
13	I					
14	I					
15	I					
16	I					
17	I					
18	I					
19	I					
20	I					
21	I					
22	I					
23	I					
24	I					
25	I					
26	I					
27	I					
28	I					
29	I					
30	I					
31	I					
32	I					
33	I					
34	I					
35	I					
36	I					
37	I					
38	I					
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50						
TOTAL IND.	15	↓		↓		↓
TOTAL DEP.	93	↔		↔		↔
TOTAL CLAIMS	108					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

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